

## MYTH OR REALITY: THE UN-BORN YET IN-UTERO BABY CAUSES THE IMMEDIATE YOUNG SIBLING TO BE CHRONICALLY ILL. HOW CAN THIS BE?

Anyanwu, E.B.<sup>\*</sup>, Onyesom, I.<sup>a</sup>, Okolo, A.C.<sup>b</sup>, Pender, K.E.<sup>b</sup>, Esume, C.O.<sup>c</sup>, and Ukuhor, H.O.<sup>d</sup>

Department of Family Medicine, Faculty of Clinical Sciences, Delta State University Abraka

<sup>a</sup>Department of Medical Biochemistry, Faculty of Basic Sciences, Delta State University Abraka

<sup>b</sup>Department of Physiology, Faculty of Basic Sciences, Delta State University Abraka

<sup>c</sup>Department of Pharmacology, Faculty of Basic Sciences, Delta State University Abraka

<sup>d</sup>Department of Community Medicine, Faculty of Basic Sciences, Delta State University Abraka

### ABSTRACT

There are various different myths in different places all over the world. Myths and beliefs are prevalent among the people in different communities in Delta State. The present study examines some beliefs among the Ukwani and the Urhobo people of the Niger – Delta region of Nigeria. These myths emphasized that the immediate young sibling to the unborn baby manifests some ill-health because the unborn baby displays some ‘animosity’ to the senior sibling. This study searches out the prevalence of this myth, the types of illness manifested, nature of management and whether the ways of management of the ill-children pose any sort of dangers to the affected children. One hundred and three mothers were interviewed via a self-administered questionnaire and these are mothers who have had more than two deliveries. Results show that 79 (76.70%) of the respondents reported one form of ill-health in the immediate senior sibling while they were pregnant for another baby. Incidentally, five respondents reported that this phenomenon of ill-health was not in the children alone, but that it occurred in their husbands. Methods of managing the affected ill child were mostly myth-based and these have the tendency of worsening the ill condition of affected children.

**KEYWORDS:** Myth, unborn baby, senior sibling, ill-health.

### INTRODUCTION

Myths are beliefs which are known to be strongly upheld by the generality of the populace. There are numerous and various mythical beliefs in almost all the parts of the country, and indeed, worldwide, with everyone place having and holding unto different types of myths. These numerous beliefs are passed from generation to generation through tales, stories, hymns, taboos and proverbs.

Usually, some unwritten principles of health are taught through generations in forms of myths, legends, proverbs, stories, songs and poetry. They are injected into the minds of the young ones in their formative periods and these make them believe that they can shape their future health practices and well-being. Usually, there are tales of misfortunes that have befallen anyone who did not act on these myths and this has made these myths and beliefs to survive over the generation because of the fear of the spiritual implications.

There are several pregnancy related myths which have been passed down the ages verbally. These beliefs are so strongly held unto by majority of the populace that modern medicine with all its technological innovations has not been able to change. Beliefs are non scientific since the causative factors of any associated ailments cannot be experimentally verified.

The question of an unborn baby in its mother’s womb making the immediate elder sibling to be ill is a myth that is strongly believed by a great number of the populace. This is because, it is believed that the un-born baby, knowing that the elder sibling will ‘boss’ him/her around when eventually delivered decides to take his pound of flesh now by making the elder sibling ill. Can this myth be safely ignored? Is the elder sibling’s illness truly due to ‘knocks’ from

Table 1: Socio-demographic data and information on myths of the unborn child in Abraka and Obiaruku, Delta State, Nigeria.

VARIABLES TERMS	NUMBER	PERCENT
Age of mother (years).		
20 – 25	3	2.90%
26 – 30	18	17.48%
31 – 35	19	18.45%
36 – 40	15	14.56%
41 – 45	12	11.65%
46 – 50	9	8.83%
> 50	6	5.83%
Not given	21	20.39%
	103	100%
Occupation of mother		
Farming	5	5.85%
Trading	26	25.24%
Health worker	5	4.85%
Teaching / schooling	32	31.07%
House wife	3	2.91%
Civil servant	10	9.71%
Not given	22	21.36%
	103	100%
Religion of mother		
Christian	78	75.73%
Islam	3	2.91%
Traditional / pagans	2	19.42%
Not given	20	19.42%
	103	100%
Age of ill health of the young immediate siblings (yrs)		
0 – 0.5	2	1.94%
0.6 – 1.0	22	21.36%
1.1 – 1.5	7	6.80%
1.6 – 2.0	26	25.24%
2.1 – 2.5	1	0.97%
2.6 – 3.0	15	14.56%
3.1 – 3.5	0	0
3.6 – 4.0	4	3.88%
>4.	3	2.90%
Not given	18	17.48%
Affected person is the husband (father to be)	5	4.85%
	103	100%
Nature of illness		
Convulsion =	2	1.56%
Child with draw from mother	3	2.34%
Child ate less food	7	5.47%
Acute / constant fever	42	32.81%
Shortage of blood/ looking pale	8	6.25%
Vomiting and stooling	10	7.81%
Loss of weight	8	6.25%
Weakness (not smart)	12	9.38%
Always crying	6	4.69%
Running nose	2	1.56%
Boils on head	1	0.78%
No problem	27	21.09%
	128	100%

Management of illness		
Took baby to hospital	10	10.20%
Gave baby native medicine	2	2.04%
Bought drug from chemist shop	25	25.51%
Mother bathed with child in – between her legs always	12	12.24%
Stopped sleeping on the same bed with the child	7	7.14%
Collected water which mother used in bathing to bath the child	5	5.10%
Bathed child with herbs water	6	6.12%
Reduces physical contact with the child	2	2.04
Tied seed of watermelon in a piece of cloth on the child's neck	1	1.02%
Stopped breastfeeding the child	4	4.08%
No treatment child showed no illness during pregnancy	98	100%
Response to management/treatment		
Positive	53	54.08%
No response	21	16.32%
Baby never sick	24	24.49
	98	94.89%
Illness persisted after the new born was delivered		
Yes	11	10.68%
No	71	68.93
Not applicable	21	20.39
	103	100%
Type of husband's ill-health		
Looking pale, weak and having malaria always	1	20%
Headaches, poor appetite, weakness, floor	1	20%
Always ill	1	20%
emaciates until after wife delivers	1	20%
weakness, nausea, fever, headache, drowsiness and lost of appetite	1	20%
	5	100%
Management of husband's ill-health		
The pregnant wife is never allowed to cross over the husband while in bed together	1	20%
The pregnant mother is not allowed to leave the bed before her husband every morning. The husband must step out of bed first.	1	20%
The pregnant wife and his husband are not allowed to sleep on the same bed until after she puts to bed.	3	60%
	5	100%
Husbands' response to management		
Positive =	5	100%
No response =	0	0
Husband's illness continued after the wife is delivered		
Yes	0	0
No	5	100%

the unborn sibling? Or, is the elder sibling's illness due to a provable medical condition? Again, is the method of home treatment given by the children's parents safe or not?

This study intends to establish the prevalence and effects of this belief among the Ukuani and Urhobo people.

## MATERIALS AND METHODS

Research Communities: Communities in Abraka, Ethiope East Local Government Area, and Obiaruku in Ukuani Local Government Area, both in Delta State, Nigeria were chosen. A total of 103 consenting mothers between the ages of 20 and 50 years were selected.

Information Collection: Responses to the research questions were obtained by semi structured questionnaire, self administered to consenting married mothers.

## RESULTS

The information obtained from the survey are shown on Table 1.

The results show that most of the respondents were practicing Christians (75.75 percent of the total number of women interviewed) while, 2.91% were Muslims and 1.94% were traditional African believers. Most of the women interviewed were traders (25.24%) and teachers (31.07%).

Most of the ill immediate young siblings were aged between six months and two years old. This shows the high fertility rate of the women of the region since they could readily get pregnant again when their babies are still so young.

Incidentally, it is not only the immediate elder siblings that took ill but some expectant fathers were also ill. Five husbands or 4.85% of interviewed wives showed various ill-health ranging from emaciation to weakness, constant fever, nausea and poor appetite.

The nature of illness that the children manifested range from convulsion (1.56%), child withdrawing from mother (2.34%), loss of weight (6.25%) looking pale (6.25%), constant fever (32.81%). Many of the symptoms were intermixed.

The type of treatment given ranged from the parents of the child tying a piece of cloth around the neck of the child which contains seeds of watermelon. This cloth will be left in place until the mother delivers. Others include the stopping of breastfeeding, reduction in physical contact between ill child and mother, mother and affected child not allowed to sleep on same bed and buying of drugs (quinine, chloroquine, paracetamol) from across the counter. Interestingly, 12.24% of the mothers believed that while bathing themselves and putting the ill child in between their legs and allowing the bath water from their protruding abdomen splash on the child does the healing. But 5.10% collected their bath water separately and used it to bath the affected child.

The affected husbands were to abide with some age-long rules like: not sleeping with the pregnant wife on the same bed until the wife delivers.

Surprisingly, the respondents claimed a success of 54.08% by using their various myths- based methods of management.

## DISCUSSION

It is not surprising that a large number of myths have arisen regarding the unique challenges associated with pregnancy. Several of such myths can be safely ignored (Simeon, 2007) but then, some may not just be ignored because some of the practices associated with them may be harmful.

In the study, two children reportedly had convulsions and were taken to the hospitals near their homes for treatment. Both mothers believed strongly that the convulsive episodes were due to the ill-effect from the unborn baby and nothing else. That may not be so and because of their believe, both parents may not strictly follow the treatment regimen given by the health worker.

Also, consider the eight children that were said to have been short of blood. The obvious questions are: were they truly anemic and if so, were they properly treated? Could this have resulted from not eating well, from separation

from their mothers usually to grandmother's homes and the resultant emotional disturbances, or as a result of an undiagnosed fever? These children should have been properly screened by a health worker and if necessary admitted and transfused if need be. But again, the problem was explained away as a component of a mythical belief, which will resolve by itself once the unborn baby is delivered.

The largest population of the children had acute and constant fever. Most respondents simply went to chemist shops to buy medicine from across the counter without prescription and of course, without proper evaluations of the ill children. This attitude of buying drugs over the counter has helped in a large way to promote drug resistance. That most of the children improved on their line of management is leaving too much to chance.

Again, about 2.04% of the children were given native medicines while 6.12% were bathed with water containing native herbs. The use of native medicine is very widespread in our communities (Drivdahl and Miser, 1998; Osuhor and Osuhor 1979). The commonly associated problems are that of dosage and specificity and that of lack of knowledge of the chemical constituents (Erah, 2002).

The act of bathing with the children or collecting mothers bath water to use to bath the children is, due to the assumption that the bath water has 'cooled the mind' of the 'angry' baby and will therefore sooth the symptoms of the affected children. But, we can only hope that after washing the children with the mother's waste water, that a good quantity of clean water is used to clean the children. Usually, this is not the practice, as the child is assumed bathed with the water from the mothers bath water.

Investigation shows that the myths of unborn child affecting the health status of immediate elder sibling is upheld in the sampled localities and this belief and practice may contribute to infant morbidity and mortality which are quite high in the sampled areas.

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Corresponding Author:

Anyanwu, E.B

Department of Family Medicine, Faculty of Clinical Sciences. Delta State University Abraka

E-mail: [ebirian@yahoo.com](mailto:ebirian@yahoo.com)

Tel: +2348035701711